

SERFF Tracking Number: ICCI-125791863 State: Arkansas
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 40311
Company Tracking Number: GMA-CI-R-0808
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness Insurance Rider
Project Name/Number: Critical Illness Insurance Rider/GMA-CI-R-0808

Filing at a Glance

Company: Madison National Life Insurance Company, Inc.

Product Name: Critical Illness Insurance Rider SERFF Tr Num: ICCI-125791863 State: ArkansasLH
TOI: H07G Group Health - Specified Disease - SERFF Status: Closed State Tr Num: 40311
Limited Benefit

Sub-TOI: H07G.001 Critical Illness Co Tr Num: GMA-CI-R-0808 State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Author: Brenda Dawson Disposition Date: 09/23/2008
Date Submitted: 09/22/2008 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Critical Illness Insurance Rider
Project Number: GMA-CI-R-0808
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 09/23/2008
State Status Changed: 09/23/2008
Corresponding Filing Tracking Number:
Filing Description:
See attached cover letter and rider.

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Group Market Type: Association

Deemer Date:

Company and Contact

Filing Contact Information

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(This filing was made by a third party - insurancecomplianceconsultantsinc)

Brenda Dawson, Authorized Representative Brendadawson@inscompliance.com
519 Colman Center Drive (815) 316-6714 [Phone]
Rockford, IL 61108 (815) 316-6720[FAX]

Filing Company Information

Madison National Life Insurance Company, Inc. CoCode: 65781 State of Domicile: Wisconsin
P. O. Box 5008 Group Code: Company Type:
Madison, WI 53705 Group Name: State ID Number:
(800) 356-9601 ext. [Phone] FEIN Number: 39-0990296

SERFF Tracking Number:	ICCI-125791863	State:	Arkansas
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Madison National Life Insurance Company, Inc.	\$20.00	09/22/2008	22634309

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/23/2008	09/23/2008

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Disposition

Disposition Date: 09/23/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover letter	Approved-Closed	Yes
Supporting Document	MNL Authorization Letter	Approved-Closed	Yes
Form	[Optional] Critical Illness Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GMA-CI-R-0808

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GMA-CI-R-0808	Certificate [Optional] Critical Illness Rider	Amendments, Insert Page, Endorsement or Rider	Initial		40	MNL GMA-CI-R-0808_MED CI rider_ 9-4-08.pdf

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Mailing: PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717

[OPTIONAL] CRITICAL ILLNESS INSURANCE RIDER

This Critical Illness Rider (hereafter referred to as “Rider”) is made a part of the Certificate to which it is attached. [The consideration for this Rider is the application for the Rider and payment of any applicable premium.] When You are covered under the [Optional] Critical Illness Insurance Rider, [and if specified as applicable on the Schedule of Benefits,] We will pay benefits as outlined herein.

This Rider, including the Certificate, Group Policy and any other attached papers, constitutes the entire contract of insurance. No change in this Rider shall be valid until approved by an executive officer of Our Company. No agent has authority to change this Rider or waive any of its provisions.

Provisions under this Rider are subject to all definitions, terms and conditions, limitations and exclusions of the entire contract, unless otherwise stated herein. Please refer to Your Certificate. Unless otherwise noted below, there are no waiting periods for benefits.

Maximum Benefit Amount Per Critical Illness Per [Insured Person][Covered Person] [Covered Individual]: [\$1,000 - \$100,000]

Critical Illness First Diagnosis Covered Conditions	Benefit Amount
Life Threatening Cancer - more than [30 – 90] days after Effective Date	[100%]
Life Threatening Cancer - within the first [30 – 90] days after Effective Date	[10%]
Cancer In Situ - more than [30 – 90] days after Effective Date	[25%]
Cancer In Situ - within the first [30 – 90] days after Effective Date	[2.5%]
Kidney (Renal) Failure	[100%]
Heart Attack	[100%]
Stroke	[100%]
Coma	[100%]
Major Organ Transplant	[100%]
Severe Burn	[100%]

TERMINATION

Coverage under this Rider will end [on the earliest of:]

1. the date coverage under the Policy ends[; or
2. the date the [Insured Person] [Covered Person] [Covered Individual] attains age 65][or
3. the premium due date coinciding with or next following the date We receive a written request to terminate the Rider.]

“Limited Benefit, Please Read Carefully”

THIS RIDER PROVIDES LIMITED BENEFIT COVERAGE ONLY.

THIS RIDER ONLY PROVIDES STATED BENEFITS FOR SPECIFIED ILLNESSES.

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

For each Critical Illness diagnosed while insured under this Rider, [an Insured Person] [a Covered Person] [a Covered Individual] is eligible for payment up to the Maximum Benefit Amount specified for such condition. In no event will benefits be payable for more than one occurrence of the same Critical Illness. However, if [an Insured Person] [a Covered Person] [a Covered Individual] has been paid a benefit for Cancer In Situ, the Benefit Amount available for a subsequent Life Threatening Cancer will be reduced by that Benefit Amount. For example, if a [25%] Benefit Amount is paid for Cancer In Situ, the total Benefit Amount available for Life Threatening Cancer will be reduced to [75%].

No benefits are payable for conditions other than the Critical Illnesses listed above and defined herein.

TERMS & DEFINITIONS

Critical Illness is a First Ever Occurrence of one of the following covered conditions, as defined herein: Life Threatening Cancer, Cancer in Situ, Heart Attack, Stroke, End-Stage Renal Failure, Major Organ Transplant, Severe Burns, and Coma. We shall have the right to request, at Our expense, an examination, of the [Insured Person] [Covered Person] [Covered Individual] or the evidence used in arriving at such Diagnosis, by an independent acknowledged expert selected by Us in the applicable field of medicine.

First Occurs or First Ever Occurrence is the date [an Insured Person] [a Covered Person] [a Covered Individual] was positively diagnosed by a Legally Qualified Physician as having a Critical Illness for the first time. The First Ever Diagnosis or procedure is the first time the [Insured Person] [Covered Person] [Covered Individual] has ever undergone that specific procedure or been diagnosed with that specific condition included as a Critical Illness Covered Condition.

Diagnosis is the definitive establishment of the Critical Illness Condition through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Legally Qualified Physician.

Clinical Diagnosis is a Diagnosis of Life Threatening Cancer or Cancer in Situ based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of Cancer only if the following conditions are met:

- a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- there is medical evidence to support the Diagnosis; and
- a Legally Qualified Physician is treating the [Insured Person][Covered Person] [Covered Individual] for Life Threatening Cancer and/or Cancer in Situ.

Pathological Diagnosis is a Diagnosis of Life Threatening Cancer or Cancer in Situ based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Legally Qualified Physician who is a board certified pathologist and whose Diagnosis of malignancy conforms to the standards set by the American College of Pathology.

Date of Diagnosis is the date the Diagnosis is established by a Legally Qualified Physician through the use of clinical and/or laboratory findings as supported by the [Insured Person's] [Covered Person's] [Covered Individual's] medical records. For a procedure, it is the date the [Insured Person] [Covered Person] [Covered Individual] undergoes the procedure.

Legally Qualified Physician is a person, other than the [Insured Person] [Covered Person] [Covered Individual] or a [Close Relative] [member of the [Insured Person's] [Covered Person's] [Covered Individual's] immediate family], or a business associate of the [Insured Person] [Covered Person] [Covered Individual], who is duly licensed and practicing medicine in the United States, and who is legally qualified to diagnose and treat sickness and injuries. The Physician must be providing services within the scope of his or her license, and must be a board certified specialist where required under the Rider.

COVERED CONDITIONS AND DIAGNOSTIC REQUIREMENTS

LIFE THREATENING CANCER

A malignant neoplasm is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemias and lymphomas are included. Cancer must be diagnosed pursuant to a Pathological or Clinical Diagnosis.

Life Threatening Cancer does NOT include: pre-malignant lesions (such as intraepithelial neoplasia), benign tumors or polyps, any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic), or early prostate cancer diagnosed as T1N0M0 or equivalent staging.

CANCER IN SITU

A Diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Cancer in Situ must be diagnosed pursuant to a Pathological or Clinical Diagnosis. Cancer in Situ includes early prostate cancer diagnosed as T1N0M0 or equivalent staging; and melanoma not invading the dermis.

Cancer in Situ does NOT include: other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), or benign tumors or polyps.

KIDNEY (RENAL) FAILURE

End Stage (Renal) Failure is a chronic and irreversible failure of both kidneys which requires the [Insured Person][Covered Person] [Covered Individual] to undergo periodic and ongoing dialysis. The Diagnosis must be made by a Legally Qualified Physician board-certified in Nephrology.

HEART ATTACK

An acute myocardial infarction resulting in the death of a portion of the heart muscle (myocardium) due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The Diagnosis must be made by a Legally Qualified Physician board-certified as a Cardiologist and based on both new clinical presentation and electrocardiographic changes consistent with an evolving heart attack; and serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a Diagnosis of Heart Attack.

Heart Attack does NOT include an established (old) Myocardial Infarction.

STROKE

Any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. The Diagnosis must be made by a Legally Qualified Physician board-certified as a Neurologist.

A Stroke does NOT include Transient Ischemic Attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded.

COMA

The diagnosis, by a Legally Qualified Physician board-certified as a Neurologist, that the [Insured Person][Covered Person] [Covered Individual] is in a state of unconsciousness from which the [Insured Person][Covered Person] [Covered Individual] cannot be aroused, in which external stimulation will produce no more than primitive avoidance reflexes, and that this state has persisted continuously for at least 96 hours.

MAJOR ORGAN TRANSPLANT

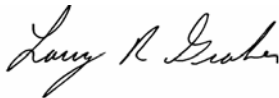
The clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the [Insured Person][Covered Person] [Covered Individual] to be replaced with an organ(s) or tissue from a suitable human donor (excluding the [Insured Person][Covered Person] [Covered Individual]) under generally accepted medical procedures. The organs and tissues covered by this definition are limited to: liver, kidney, lung, entire heart, small intestine, pancreas, pancreas-kidney or bone marrow. In order for the Major Organ Transplant to be covered under this Rider, the [Insured Person] [Covered Person] [Covered Individual] must be registered by the United Network of Organ Sharing or the National Marrow Donor Program.

SEVERE BURNS

The Diagnosis, by a Legally Qualified Physician board-certified as a Plastic Surgeon, that the [Insured Person] [Covered Person] [Covered Individual] [Insured Person's covered Dependent spouse] [Covered Person's covered Dependent spouse] [Covered Individual's covered Dependent spouse] has sustained third degree burns covering at least [20%] of the surface area of the [Insured Person's] [Covered Person's] [Covered Individual's] [Covered Dependent Spouse's] body. [Dependent[s] [children] are not covered for severe burns.

This Rider is endorsed and made part of the Policy/Certificate as of [its Effective Date] [[October 1, 2008] or] [Your coverage Effective Date] [whichever is later] [the Effective Date as specified by an attached Endorsement].

Executed by the Madison National Life Insurance Company, Inc. at its Home Office, 1241 John Q. Hammons Drive, Madison, WI 53717.



Larry R. Graber
President



Adam C. Vandervoort
Secretary

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice Approved-Closed 09/23/2008
Comments:
Attachment:
Cert of Comp 19 MNL GMA-CI-R-0808.pdf

Review Status:
Bypassed -Name: Application Approved-Closed 09/23/2008
Bypass Reason: Application MNL MED APP 0307 was previously approved by your Department on August 28, 2007.
Comments:

Review Status:
Satisfied -Name: Cover letter Approved-Closed 09/23/2008
Comments:
Attachment:
AR GMA-CI-R-0808 9-22-08.pdf

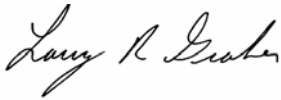
Review Status:
Satisfied -Name: MNL Authorization Letter Approved-Closed 09/23/2008
Comments:
Attachment:
ICC Authorization letter Madison Nat 2008.pdf

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Madison National Life Insurance Company, Inc.

Form Number(s): MNL GMA-CI-R-0808

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirement of Rule and Regulation 19.



Signature of Company Officer

Larry R. Graber

Name

President
Title

September 22, 2008
Date



INSURANCE
COMPLIANCE
CONSULTANTS, INC.

519 Colman Center Drive
Rockford, Illinois 61108

Phone: (815) 316-6714
FAX: (815) 316-6720

September 22, 2008

Honorable Julie Benafield Bowman
Insurance Commissioner
State of Arkansas
Arkansas Department of Insurance
1200 W. Third St.
Little Rock, AR 72201-1904

RE: Madison National Life Insurance Company, Inc. – NAIC# 65781
FEIN Number – 39-0990296
[Optional] Critical Illness Insurance Rider – GMA-CI-R-0808

Dear Commissioner Bowman:

Enclosed for review and approval for use in your state is the above referenced Rider. This Rider is new and is not intended to replace any Rider previously approved by your Department. This Rider is intended to be used with any applicable group policy form approved by your Department.

Insurance Compliance Consultants, Inc., is making this filing on behalf of Madison National Life Insurance Company, Inc., a Wisconsin domiciled company. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc., at the address shown above.

This [Optional] Critical Illness Insurance Rider will be offered to the group and each applicant. If selected, the Rider will provide limited benefit coverage only for stated specified illnesses.

Bracketed data is considered variable information to allow the group and the insurer flexibility in plan and benefit designs. Variability will never be used if it would conflict with the minimum requirements as mandated by State and/or Federal law.

The Policy documents were prepared on a personal computer and will ultimately be printed from another data processing system that may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the contract other than listed or bracketed variables, or to the general print size.

We certify that to the best of our knowledge and belief, these forms do not violate any laws or regulations of your state and do not contain any previously disapproved provisions.

Your prompt approval of this submission will be greatly appreciated. If you have any questions or need further information, please call me at (815) 316-6714, fax (815) 316-6720, or email me at Brendadawson@inscompliance.com. Thank you.

Sincerely,

Brenda Dawson, FLMI, AIRC, ACS
Insurance Compliance Consultants



Madison National Life

January 1, 2008

Mr. Brian Camling
President
Insurance Compliance Consultants, Inc.
519 Colman Center Dr.
Rockford, IL 61108

Dear Mr. Camling:

Please accept this letter as written confirmation that Insurance Compliance Consultants, Inc., has authority to file the attached form(s) or a state specific variation of it, and to act on behalf of Madison National Life Insurance Company, Inc. regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Madison National may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

A handwritten signature in cursive script, appearing to read "Larry R. Graber".

Larry Graber